## FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by GMB 3080-0076 Est. time per response. 1 hour

## COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

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SECTION 1 - General Informat	ion							-								
1. Name and Mailing Address of	f Res	pondent														
Brazos Telephone Cooperative, Inc. 109 N Ave D Olney, TX 76374														Check here if this is a change of address.		
2. Year Report Filed 3. Reports				Period (Endi	ing Date of P				of Full-Time El							
2018				6, 2018	port)			Reporting Period (check one):  a. Fewer than 16 (complete Sections I, IV, and V only)  b. 16 or more (complete all sections)								
SECTION II - Full-Time Emplo	yees.															
Job Categories				_					ber of Emplo loyees in only		r)					
	L	Race/Ethnicity														
			inic of tino	Not-Hispanic or Latino												
	- 1	La	uno	Mało							Female					
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	A-N
	Ī	A	В	С	D	E	F	G	н	1	J	к	L	м	N	0
Executive/Senior Level Officials and Managers	1.1			4						1						5
First/Mid-Level Officials and Managers	1,2														_	υ
Professionals	2															U
Technicians	3			4												4
Sales Workers	4									1						1
Administrative Support Workers	5									10						10
Craft Workers	6			9												9
Operatives	7															0
Laborers and Helpers	8															0
Service Workers	9			1												1
TOTAL	10	0	0	18	0	U	0	U	U	12	0	0	Ų	0	0	30
PREVIOUS YEAR TOTAL	11			18						12						30

SECTION III - Part-Time Emp	loyee	s.															
		Number of Employees (Report employees in only one category)															
Job		Race/Ethnicity															
Categories		Hispanic or Latino		Not-Hispanic or Latino													
						M	ale				Female						
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	A-N	
		А	В	С	D	Е	F	G	н	1	J	к	L	М	N	0	
Executive/Senior Level Officials and Managers	1.1															0	
First/Mid-Level Officials and Managers	1.2															0	
Professionals	2															0	
Technicians	3															0	
Sales Workers	4															υ	
Administrative Support Workers	5		1													1	
Craft Workers	6															0	
Operatives	7															0	
Laborers and Helpers	8															0	
Service Workers	9															0	
TOTAL	10	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	
PREVIOUS YEAR TOTAL	11		1													1	
SECTION IV - Report of Disc	rimin	ation Comp	laints Pursua	int to 47 CFR	22.321, 23.5	5, 90,168, 10	1.4, and 101.	311.									
This is to advise t company before a This is to advise t (Attach a list indic	any bo the Co	ody having co mmission th	ompetent juris at the followin	diction in suc g complaints	h matters dur alleging viola	ing the calend tions of the pro-	ar year cover ovisions of ar	red by this rep ny equal empl	ort. syment oppor	tunity statute	have been fil	ed against this	s company.				
SECTION V - Certification																	
I certify that to the best of my k					ents in this re	port are true a			-								
05/04/2018	1000	d Scobe	Name of Pers	on Signing			Signature Lod Auteo							(940) 564-5659			
Title of Person Signing Asst. Manager						FALSE STAT									) AND/OR RI	EVOCATION	